



CIRCUIT COURT FOR _____, MARYLAND

Located at _____ City/County Case No. _____
Court Address

STATE OF MARYLAND
OR

Appellant/Applicant vs. Appellee/Respondent
Address Address
City, State, Zip Telephone City, State, Zip Telephone
E-mail E-mail

**APPLICATION FOR LEAVE TO APPEAL
(Md. Rule 8-204)**

_____, Appellant's /Applicant's name, applies for leave to appeal from the judgment or order entered in this case on _____ Date .

ALLEGATIONS OF ERROR

Give a brief but complete statement of the reasons why the judgment or order should be reversed or modified and specify the errors that you claim the circuit court committed. Include facts to support your claims(s).

include additional pages if needed

Date Signature of Appealing Party/Attorney Attorney Number
Address Printed Name
City, State, Zip E-mail
Telephone Fax

CERTIFICATE OF SERVICE

I certify that I served a copy of this document upon the following party or parties by electronic filing
 hand delivery mailing first-class mail, postage prepaid on _____ Date to:
 Attorney General of Maryland
Criminal Appeals Division, 200 St. Paul Place
Baltimore MD 21202 or

Name Address
City, State, Zip
Name Address
City, State, Zip
Date Signature of Party Serving